



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB2940

by Rep. Sam Yingling

SYNOPSIS AS INTRODUCED:

20 ILCS 301/5-23
745 ILCS 49/70

Amends the Alcoholism and Other Drug Abuse and Dependency Act. Provides that a health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, shall not, as a result of his or her acts or omissions, "be liable for civil damages when administering naloxone in an emergency situation". Amends the Good Samaritan Act. Provides that any law enforcement officer or fireman, any emergency medical technician (EMT), and any first responder who in good faith provides emergency care to any person (rather than provides emergency care without fee or compensation) shall not, as a result of his or her acts or omissions, "be liable for civil damages when administering naloxone in an emergency situation".

LRB099 09548 KTG 29757 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Alcoholism and Other Drug Abuse and
5 Dependency Act is amended by changing Section 5-23 as follows:

6 (20 ILCS 301/5-23)

7 Sec. 5-23. Drug Overdose Prevention Program.

8 (a) Reports of drug overdose.

9 (1) The Director of the Division of Alcoholism and
10 Substance Abuse may publish annually a report on drug
11 overdose trends statewide that reviews State death rates
12 from available data to ascertain changes in the causes or
13 rates of fatal and nonfatal drug overdose for the preceding
14 period of not less than 5 years. The report shall also
15 provide information on interventions that would be
16 effective in reducing the rate of fatal or nonfatal drug
17 overdose.

18 (2) The report may include:

19 (A) Trends in drug overdose death rates.

20 (B) Trends in emergency room utilization related
21 to drug overdose and the cost impact of emergency room
22 utilization.

23 (C) Trends in utilization of pre-hospital and

1 emergency services and the cost impact of emergency
2 services utilization.

3 (D) Suggested improvements in data collection.

4 (E) A description of other interventions effective
5 in reducing the rate of fatal or nonfatal drug
6 overdose.

7 (b) Programs; drug overdose prevention.

8 (1) The Director may establish a program to provide for
9 the production and publication, in electronic and other
10 formats, of drug overdose prevention, recognition, and
11 response literature. The Director may develop and
12 disseminate curricula for use by professionals,
13 organizations, individuals, or committees interested in
14 the prevention of fatal and nonfatal drug overdose,
15 including, but not limited to, drug users, jail and prison
16 personnel, jail and prison inmates, drug treatment
17 professionals, emergency medical personnel, hospital
18 staff, families and associates of drug users, peace
19 officers, firefighters, public safety officers, needle
20 exchange program staff, and other persons. In addition to
21 information regarding drug overdose prevention,
22 recognition, and response, literature produced by the
23 Department shall stress that drug use remains illegal and
24 highly dangerous and that complete abstinence from illegal
25 drug use is the healthiest choice. The literature shall
26 provide information and resources for substance abuse

1 treatment.

2 The Director may establish or authorize programs for
3 prescribing, dispensing, or distributing naloxone
4 hydrochloride or any other similarly acting and equally
5 safe drug approved by the U.S. Food and Drug Administration
6 for the treatment of drug overdose. Such programs may
7 include the prescribing of naloxone hydrochloride or any
8 other similarly acting and equally safe drug approved by
9 the U.S. Food and Drug Administration for the treatment of
10 drug overdose to and education about administration by
11 individuals who are not personally at risk of opioid
12 overdose.

13 (2) The Director may provide advice to State and local
14 officials on the growing drug overdose crisis, including
15 the prevalence of drug overdose incidents, trends in drug
16 overdose incidents, and solutions to the drug overdose
17 crisis.

18 (c) Grants.

19 (1) The Director may award grants, in accordance with
20 this subsection, to create or support local drug overdose
21 prevention, recognition, and response projects. Local
22 health departments, correctional institutions, hospitals,
23 universities, community-based organizations, and
24 faith-based organizations may apply to the Department for a
25 grant under this subsection at the time and in the manner
26 the Director prescribes.

1 (2) In awarding grants, the Director shall consider the
2 necessity for overdose prevention projects in various
3 settings and shall encourage all grant applicants to
4 develop interventions that will be effective and viable in
5 their local areas.

6 (3) The Director shall give preference for grants to
7 proposals that, in addition to providing life-saving
8 interventions and responses, provide information to drug
9 users on how to access drug treatment or other strategies
10 for abstaining from illegal drugs. The Director shall give
11 preference to proposals that include one or more of the
12 following elements:

13 (A) Policies and projects to encourage persons,
14 including drug users, to call 911 when they witness a
15 potentially fatal drug overdose.

16 (B) Drug overdose prevention, recognition, and
17 response education projects in drug treatment centers,
18 outreach programs, and other organizations that work
19 with, or have access to, drug users and their families
20 and communities.

21 (C) Drug overdose recognition and response
22 training, including rescue breathing, in drug
23 treatment centers and for other organizations that
24 work with, or have access to, drug users and their
25 families and communities.

26 (D) The production and distribution of targeted or

1 mass media materials on drug overdose prevention and
2 response.

3 (E) Prescription and distribution of naloxone
4 hydrochloride or any other similarly acting and
5 equally safe drug approved by the U.S. Food and Drug
6 Administration for the treatment of drug overdose.

7 (F) The institution of education and training
8 projects on drug overdose response and treatment for
9 emergency services and law enforcement personnel.

10 (G) A system of parent, family, and survivor
11 education and mutual support groups.

12 (4) In addition to moneys appropriated by the General
13 Assembly, the Director may seek grants from private
14 foundations, the federal government, and other sources to
15 fund the grants under this Section and to fund an
16 evaluation of the programs supported by the grants.

17 (d) Health care professional prescription of drug overdose
18 treatment medication.

19 (1) A health care professional who, acting in good
20 faith, directly or by standing order, prescribes or
21 dispenses an opioid antidote to a patient who, in the
22 judgment of the health care professional, is capable of
23 administering the drug in an emergency, shall not, as a
24 result of his or her acts or omissions, be liable for civil
25 damages when administering naloxone in an emergency
26 situation, and shall not, as a result of his or her acts or

1 omissions be subject to disciplinary or other adverse
2 action under the Medical Practice Act of 1987, the
3 Physician Assistant Practice Act of 1987, the Nurse
4 Practice Act, the Pharmacy Practice Act, or any other
5 professional licensing statute.

6 (2) A person who is not otherwise licensed to
7 administer an opioid antidote may in an emergency
8 administer without fee an opioid antidote if the person has
9 received the patient information specified in paragraph
10 (4) of this subsection and believes in good faith that
11 another person is experiencing a drug overdose. The person
12 shall not, as a result of his or her acts or omissions, be
13 liable for any violation of the Medical Practice Act of
14 1987, the Physician Assistant Practice Act of 1987, the
15 Nurse Practice Act, the Pharmacy Practice Act, or any other
16 professional licensing statute, or subject to any criminal
17 prosecution arising from or related to the unauthorized
18 practice of medicine or the possession of an opioid
19 antidote.

20 (3) A health care professional prescribing an opioid
21 antidote to a patient shall ensure that the patient
22 receives the patient information specified in paragraph
23 (4) of this subsection. Patient information may be provided
24 by the health care professional or a community-based
25 organization, substance abuse program, or other
26 organization with which the health care professional

1 establishes a written agreement that includes a
2 description of how the organization will provide patient
3 information, how employees or volunteers providing
4 information will be trained, and standards for documenting
5 the provision of patient information to patients.
6 Provision of patient information shall be documented in the
7 patient's medical record or through similar means as
8 determined by agreement between the health care
9 professional and the organization. The Director of the
10 Division of Alcoholism and Substance Abuse, in
11 consultation with statewide organizations representing
12 physicians, advanced practice nurses, physician
13 assistants, substance abuse programs, and other interested
14 groups, shall develop and disseminate to health care
15 professionals, community-based organizations, substance
16 abuse programs, and other organizations training materials
17 in video, electronic, or other formats to facilitate the
18 provision of such patient information.

19 (4) For the purposes of this subsection:

20 "Opioid antidote" means naloxone hydrochloride or any
21 other similarly acting and equally safe drug approved by
22 the U.S. Food and Drug Administration for the treatment of
23 drug overdose.

24 "Health care professional" means a physician licensed
25 to practice medicine in all its branches, a physician
26 assistant who has been delegated the prescription or

1 dispensation of an opioid antidote by his or her
2 supervising physician, an advanced practice registered
3 nurse who has a written collaborative agreement with a
4 collaborating physician that authorizes the prescription
5 or dispensation of an opioid antidote, or an advanced
6 practice nurse who practices in a hospital or ambulatory
7 surgical treatment center and possesses appropriate
8 clinical privileges in accordance with the Nurse Practice
9 Act.

10 "Patient" includes a person who is not at risk of
11 opioid overdose but who, in the judgment of the physician,
12 may be in a position to assist another individual during an
13 overdose and who has received patient information as
14 required in paragraph (2) of this subsection on the
15 indications for and administration of an opioid antidote.

16 "Patient information" includes information provided to
17 the patient on drug overdose prevention and recognition;
18 how to perform rescue breathing and resuscitation; opioid
19 antidote dosage and administration; the importance of
20 calling 911; care for the overdose victim after
21 administration of the overdose antidote; and other issues
22 as necessary.

23 (Source: P.A. 96-361, eff. 1-1-10.)

24 Section 10. The Good Samaritan Act is amended by changing
25 Section 70 as follows:

1 (745 ILCS 49/70)

2 Sec. 70. Law enforcement officers, firemen, Emergency
3 Medical Technicians (EMTs) and First Responders; exemption
4 from civil liability for emergency care. Any law enforcement
5 officer or fireman as defined in Section 2 of the Line of Duty
6 Compensation Act, any "emergency medical technician (EMT)" as
7 defined in Section 3.50 of the Emergency Medical Services (EMS)
8 Systems Act, and any "first responder" as defined in Section
9 3.60 of the Emergency Medical Services (EMS) Systems Act, who
10 in good faith provides emergency care ~~without fee or~~
11 ~~compensation~~ to any person shall not, as a result of his or her
12 acts or omissions, be liable for civil damages when
13 administering naloxone in an emergency situation, and shall
14 not, as a result of his or her acts or omissions, except
15 willful and wanton misconduct on the part of the person, in
16 providing the care, be liable to a person to whom such care is
17 provided for civil damages.

18 (Source: P.A. 93-1047, eff. 10-18-04; 94-826, eff. 1-1-07.)